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| 25537 | 7590 07/16 | 590 07/16/2007 | | | | | | of Mailing or Transi | | | |
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| ARLINGTON, VA 22201-2909 | | | | | /Eden U.I. Stright/ | | | | (Signature) | | |
| | | 10/16/07 | | | | (Date) | | | | | |
| APPLICATION NO. | ON NO. FILING DATE | | <u>. </u> | FIRST NAMED INVEN | ITOR ATTOP | | | RNEY DOCKET NO. | CONFIRMATION NO. | | |
| 10/720,859 | | | Craig L. Reding | | | 03-1013 | | | 5176 | | |
| TITLE OF INVENTION: METHODS AND SYSTEMS FOR CONFERENCE CALL BUFFERING | | | | | | | | | | | |
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| • | | | | | | | | | 1 | | |
| APPLN. TYPE | SMALL ENTITY | IS | SUE FEE DUE | PUBLICATION FEE I | OUE | | | TOTAL FEE(S) DUE | | DATE DUE | |
| nonprovisional NO | | \$1400 | | \$300 | | \$0 | | \$1700 | • | 10/16/2007 | |
| EXAMINER | | | ART UNIT | CLASS-SUBCLASS | S | | | | | | |
| ANWAH, OLISA 2614 | | | | 379-202010 | | | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys | | | | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | | or agents OR, alternatively, | | | | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | | | |
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| TELESECTOR RESOURCES GROUP, INC. NEW YORK, NEW YORK | | | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | | | | |
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| Authorized Signature /Eden U.I. Stright/ | | | | Date10/16/07 | | | | | | | |
| Typed or printed nameEden U.I. Stright | | | | Registration No. 51,205 | | | | | | | |
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